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ABSTRACT

One of the techniques frequently recommended for bereaved children is participation in grief support groups through schools or community agencies. The Bereavement Directors of two hospices in northern Colorado were interested in learning more of the effectiveness of the children's' grief groups which they were conducting. The final design of the evaluation involved traditional pre- and post-test measures with a treatment group and a control group. Over a period of 18 months, 20 children (7-11 years old) and their families participated in the treatment group, which involved completion of the pre- and post-test measures and attendance at an 8-week grief support group. A total of 14 children and their families were in the control group. Measures used with the children were the Death Concept Scale and the Piers Harris Self-Concept Scale; parents were asked to complete an information questionnaire and a child behavior checklist. Both children and parents participated in semistructured interviews. Responses in general indicated that participation in the groups was effective and beneficial. Participant responses to questions regarding their experiences in the grief support groups are summarized. (TS)

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THE USE OF QUALITATIVE AND QUANTITATIVE MEASURES IN PROGRAM EVALUATION: A PRACTICAL EXAMPLE.

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The fact that children do experience a sense of loss and grief has been well documented (e.g., Dickinson, 1992; Wass, 1991). However, little attention has been given to the topic of appropriate techniques to assist bereaved children in working through their grief.

One of the techniques frequently recommended for bereaved children is participation in grief support groups through schools or community agencies. A review of the literature indicates that much of the evaluation work done with support groups was conducted with adults. However, Masterman & Reams (1988) discussed two separate grief support groups with children. Informal verbal evaluations were made by the children during the final session for the purpose of modifying future groups. Zambelli, Clark, Barille & deJong (1988) used semistructured interviews with parents to evaluate a creative arts therapy program for bereaved children and found largely positive results.

If evaluation is seen as a valuable if not essential part of providing services to bereaved children, why is it not conducted? Lieberman & Bond (1978) described the dilemma as three pronged: what to measure, who to measure, and when to measure. With these three questions in mind, the present evaluator set out to work cooperatively with two Hospices in Northern Colorado. The Bereavement Directors of these agencies were interested in learning more of the effectiveness of the children's grief groups which they were conducting.

The final design of the evaluation involved traditional pre and posttest measures with a Treatment and a Control group. During a period of 18 months, 20 children (7 - 11 years old) and their families participated in the Treatment group which involved completion of the pre and posttest measures and attendance at an 8 week grief support group. In total, children were recruited from three different groups all of which were facilitated by Hospice staff and volunteers. Control group children were recruited from Hospice referrals and from local public schools through the psychologist or school counselor. A total of 14 children and their families were in the Control group. Measures used were:

Children	Semistructured Interview	Death Concept Scale Piers Harris Self Concept Scale
Parents	Information Questionnaire Semistructured Interview	Child Behavior Checklist

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Results are as follows:

Question #1:Do the children feel differently about themselves after participation in the Grief Support Group?

Two of the 20 children reported no difference in themselves.

Remaining children reported feeling better about themselves and about the death. Many children used the term, "doing better" and "doing better thinking about his death". They also reported a general reduction in crying, less sad feelings, and being ""able to get the sadness out". Other children reported a reduction in feeling angry, yelling or having angry outbursts at home.

Question #2: What are children's perceptions of the effectiveness of grief support groups following their participation?

Eighteen out of 20 reported that it was effective! The same two who saw no difference in themselves saw no effectiveness. (These children were resistant to attending the group initially). Most children would recommend a similar group to another child their own age but several would add a warning to the recommendation. They would warn that the child would be asked to participate "even if you don't want to". Another said specifically, "It would hurt and you'll be sad", but the group will help. One child would make the global recommendation to attend group because, "you'll have no more problems!".

Question #3: What are strengths and weaknesses as perceived by the children?

The unanimous strength was seen as snack time! This may be especially relevant since all groups were held immediately after school which may often be snack time. This also was seen as a social time and time of transition from school activities to group. Other strengths were listed as drawing pictures, playing games, such as Charades of emotions, and holding a memorial service on the last day of the group's meeting. The viewing of the video, "Freddie the Leaf"", was seen by most children as a highlight and the periodic use of a preplanned workbook was valued.

Weaknesses mentioned included the presence of several disruptive students in one particular group. The time of the group's meeting, immediately after school, was also noted by children where transportation difficulties were common.

Question #4: What were the undesirable outcomes of participation in the group?

Most children could not think of any undesirable outcomes. Only 1 child indicated that the number of sessions was not sufficient and that she needed to have more time in the group. The remaining children indicated that they would participate in a similar group again. Most parents felt positively about the group participation with the exception of one family member who felt that the group had caused the child to think about too many sad things that "were already covered up". Several parents did discuss their own temporary discomfort when children would ask more direct questions about death in general or the particular death they were grieving. However, most parents responded by engaging in a discussion with the child at once.

Question #5: What was the effectiveness of the group as reported by the parents?

One group of parents was aware of the disruptive group members. Most saw this as an opportunity to discuss with their own children the various ways that children may deal with death and with the changes in their lives. One parent in particular felt that the group experience had been instrumental in improving his child's willingness to let him date and that the child was more open to entering into new activities with the peer group.

Ethical questions concerning evaluation of grief support groups arose. In particular, these questions could be addressed by looking at the underlying principles of non maleficence and beneficence. The duty to "do no harm" was a direct outcome of the investigator's professional training and demeanor and the manner in which subjects were recruited and interviewed. All subjects were fully informed volunteers who knew the scope of the study in advance and had the freedom to end their participation at any time. Individual contacts were made only by the investigator so that multiple professionals were not attempting to establish a relationship with the subjects within the evaluation period. The duty to act to benefit others were fulfilled since the investigator was able to provide information concerning Hospice services and to be an attentive listener to the concerns of all participants. At times, the investigator was perceived as a sensitive and knowledgeable participant in the grief process merely due to his dependable presence and availability to the subjects. In no instance was the investigator a direct provider of services but she was a liaison between families and community resources as needed or requested.

The duty to provide responsible caring was met as the investigator continually focused on her role as evaluator but remained sensitive to the needs of grieving families. Thus, the professional training as a school psychologist provided the background for staying in the role of evaluator and not crossing into the counselor position. Care was taken to work with families at times convenient to them and to allow extra time for discussion of events as needed. In addition, where families requested that the investigator convey particular information to the Hospice directors, this was undertaken in a professional manner at once.

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